

Headlands Surgery

Quality Report

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Date of inspection visit: 13 August 2015

Date of publication: 05/11/2015

This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced inspection of Headlands Surgery on 13 August 2015. This was a comprehensive inspection under Section 60 of the Health and Social Care Act (2008) as part of our regulatory functions. The practice achieved an overall rating of good. Specifically, we found the practice to be good for providing effective, caring, responsive and well-led services. We found it to be requiring improvement for safe. It was good for providing services for older people; people with long-term conditions; families, children and young people; working age people; people whose circumstances may make them vulnerable and people experiencing poor mental health.

Our key findings were as follows:

- Systems were in place to identify and respond to concerns about the safeguarding of adults and children.

- We saw patients receiving respectful treatment from staff. Patients felt they were seen by friendly and helpful staff. Patients reported feeling satisfied with the care and treatment they received.
- The practice offered a number of services designed to promote patients' health and wellbeing and prevent the onset of illness.
- The practice acted upon best practice guidance to further improve patient care.
- The management and meeting structure ensured that appropriate clinical decisions were reached and action was taken.
- The practice appeared clean and infection control processes were adhered to.
- Systems were in place and adhered to for the appropriate management of medicines.
- Adequate procedures for completing the required background checks on staff were lacking.

There were areas of practice where the provider needs to make improvements.

Importantly, the provider must:

Summary of findings

- Ensure adequate procedures are in place for completing the required background checks on staff and that the required information is available in respect of the relevant persons employed.

In addition the provider should:

- Ensure that all staff complete cardiopulmonary resuscitation (CPR) essential training.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as requires improvement for providing safe services. There were incident and significant event reporting procedures in place and action was taken to prevent recurrence of incidents when required. The structure of management communications ensured that staff were informed about risks and decision making. Systems were in place to identify and respond to concerns about the safeguarding of adults and children. Systems to ensure that medicines were checked, stored securely and managed appropriately were adhered to. The practice appeared clean. Systems to protect people from the risks of infection were in place and well adhered to at the practice. The medical equipment at the practice was fit for purpose and received regular checks for accuracy. Arrangements were in place for the practice to respond to foreseeable emergencies. However, systems to ensure that all the applicable staff employed at the practice received the relevant criminal records checks were lacking.

Requires improvement



Are services effective?

The practice is rated as good for effective services. The practice reviewed, discussed and acted upon best practice guidance to improve the patient experience. There was a programme of clinical audit at the practice to further improve patient care. The practice provided a number of services designed to promote patients' health and wellbeing. The practice took a collaborative approach to working with other health providers and there was multi-disciplinary working. Clinical staff were aware of the process to obtain patient consent and were informed and knowledgeable on the requirements of the Mental Capacity Act (2005). A system to ensure all staff received an appraisal of their skills, abilities and development requirements was in place. The practice was proactive in ensuring staff learning needs were met.

Good



Are services caring?

The practice is rated as good for caring services. On the day of our inspection we saw staff interacting with patients in reception and outside consulting rooms in a respectful and friendly manner. There were a number of arrangements in place to promote patients' involvement in their care. Accessible information was provided to help patients understand the care available to them. Patients told us they felt listened to and included in decisions about their care. They said they were treated with dignity and respect and were positive about staff behaviours.

Good



Summary of findings

Are services responsive to people's needs?

The practice is rated as good for responsive services. There were services targeted at those most at risk such as older people and those with long term conditions. The premises and services were adapted to meet the needs of people with disabilities, mobility issues and other impairments. At the time of our inspection, appointments, including those required in an emergency were available. The practice used a number of methods to ensure patients had access to resources and information. Methods were available for patients to leave feedback about their experiences. The practice demonstrated it responded to patients' comments and complaints and where possible, took action to improve the patient experience.

Good



Are services well-led?

The practice is rated as good for being well-led. Staff felt engaged in a culture of openness and consultation. The management and meeting structure ensured that clinical decisions were reached and action was taken. There was a process in place for identifying and managing risks and ensuring these were acted upon. The practice sought feedback from patients and staff and listened to representatives of the patient population. Staff were supported by management and a system of policies and procedures that governed activity.

Good



Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

The practice is rated as good for the care of older people. The practice offered personalised care to meet their needs. Older patients had access to a named GP, a multi-disciplinary team approach to their care and targeted immunisations such as the flu vaccine. A range of enhanced services were provided such as those for patients with dementia and end of life care. The practice was responsive to their individual needs and offered home visits when needed.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions. The practice provided patients with long-term conditions with an annual review to check their health and medication needs were being met. All newly diagnosed patients with diabetes were referred appropriately. They had access to a named GP and targeted immunisations such as the flu vaccine. There were GP and nurse leads for a range of long term conditions.

Good



Families, children and young people

The practice is rated as good for the care of families, children and young people. Systems were in place for identifying and protecting patients at risk of abuse. There were six week post-natal checks for mothers and their children. Programmes of cervical screening for women over the age of 25 and childhood immunisations were available to respond to the needs of these patients. Appointments were available outside of school hours. A range of contraceptive and family planning services were available. The premises was suitable for children and babies.

Good



Working age people (including those recently retired and students)

The practice is rated as good for the care of working age people (including those recently retired and students). The practice offered online services such as appointment booking and repeat prescriptions. There was additional out of working hours access to meet the needs of working age patients. There were extended opening hours one day each week (Tuesdays and Thursdays alternately) with late opening until 8pm. The practice was open on the first Saturday of each month from 7.30am to 9.30am for pre-bookable appointments. Routine health checks were available for patients between 40 and 74 years old. The practice encouraged

Good



Summary of findings

feedback and participation from patients of working age through the virtual patient participation group (an online community of patients who work with the practice to discuss and develop the services provided).

People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances including those with learning disabilities. Patients with a learning disability received an annual health review. The practice worked with multi-disciplinary teams in the case management of vulnerable people. The practice maintained a register of patients who were identified as carers and additional information was available for those patients. Staff knew how to recognise signs of abuse in vulnerable people and were aware of their responsibilities in raising safeguarding concerns. The practice tackled inequity by identifying and addressing the specific needs of patients and enabling their full access to services.

Good



People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). The practice worked with multi-disciplinary teams in the case management of patients experiencing poor mental health including those with dementia. Patients experiencing dementia also received a care plan specific to their needs and an annual health check. A mental health wellbeing worker and a counsellor were available at the practice and patients could be referred to them by the GPs. There was a GP lead for mental health.

Good



Summary of findings

What people who use the service say

During our inspection, we spoke with 10 patients, reviewed 47 comment cards left by them and spoke with a representative of the virtual patient participation group (vPPG). The vPPG is an online group of patients who work with the practice to discuss and develop the services provided.

Patients told us that the care and treatment they received at the practice was very good. Patients said they felt staff were caring, polite and helpful and that their privacy and dignity was respected. They told us they felt listened to by the GPs and involved in their own care and treatment.

The results of the national GP survey for 2015 showed that 79.7% of the 115 respondents felt the GPs at the practice displayed care and concern towards them. The national average was 85.1%. The results of the practice's own patient survey completed in December 2014 showed that of the 265 respondents, 86.7% felt GPs at the practice were fairly to very good at demonstrating care and concern to patients.

The friends and family test results from May 2015 showed that 100% of the 18 respondents were likely or extremely likely to recommend the practice to friends and family if they needed similar care or treatment.

Patients told us that appointments were available and access to the practice was adequate. Results from the national GP patient survey in 2015 showed that 79.5% of the 115 respondents felt their experience of making an appointment was good. This was above average when compared to the rest of England (73.8%). The results of the practice's own patient survey completed in December 2014 showed that of the 265 respondents, 81.5% found it fairly to very easy to get the appointment they needed and the same amount felt their overall experience of making an appointment was fairly to very good.

Areas for improvement

Action the service **MUST** take to improve

Ensure adequate procedures are in place for completing the required background checks on staff and that the required information is available in respect of the relevant persons employed.

Action the service **SHOULD** take to improve

Ensure that all staff complete cardiopulmonary resuscitation (CPR) essential training.

Headlands Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector. The team included a second CQC inspector and a GP and a practice nurse acting as specialist advisers.

Background to Headlands Surgery

Headlands Surgery provides a range of primary medical services from premises at 20 Headlands, Kettering, Northamptonshire, NN15 7HP. It is a training practice. The practice serves a population of approximately 10,200. The area served is slightly less deprived compared to England as a whole. The practice population is predominantly white British. The practice serves a slightly above average population of those aged from 0 to 14, 40 to 49, 60 to 64 and those 85 and over. There is a lower than average population of those aged between 20 and 29.

The clinical staff team includes two male and two female GP partners, four trainee GPs, two nurse prescribers, two treatment room nurses and two healthcare assistants. The team is supported by a practice manager and 19 other administration, reception and secretarial staff.

Why we carried out this inspection

We inspected this practice as part of our new comprehensive inspection programme.

We carried out a comprehensive inspection of this practice under Section 60 of the Health and Social Care Act (2008)

as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act (2008). Also, to look at the overall quality of the service and to provide a rating for the practice under the Care Act (2014).

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

How we carried out this inspection

Before our inspection, we reviewed a range of information we held about the practice and asked other organisations to share what they knew about the practice. We carried out an announced inspection on 13 August 2015. During our inspection we spoke with a range of staff including three GP partners, two trainee GPs, two nurses, one healthcare assistant, the practice manager and members of the reception and administration teams. We spoke with 10 patients and a representative of the virtual patient participation group (the vPPG is an online group of patients who work with the practice to discuss and develop the services provided). We observed how staff interacted with patients. We reviewed the practice's own patient survey and 47 CQC comment cards left for us by patients to share their views and experiences of the practice with us.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?

Detailed findings

- Is it well-led?

We also looked at how well services are provided for specific groups of people and what good care looks like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

Are services safe?

Our findings

Safe track record

The staff we spoke with demonstrated an understanding of their roles in reporting incidents and significant events and were clear on the reporting process used at the practice. The senior staff understood their roles in discussing, analysing and reviewing reported incidents and events.

The fortnightly practice meeting was used for senior staff to review and take action on all reported complaints, incidents and events. The minutes of the meetings we looked at demonstrated the practice had managed these consistently over time. The staff we spoke with who attended the meeting were all able to recount the details of recent incidents and events discussed. All staff directly involved in specific incidents and events said they were kept fully informed and updated of related discussions, learning and action points. Details of any discussions and decisions made in the practice meetings were made available to all staff through a range of team conversation with senior staff, update emails and other staff meetings.

Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and taking action on incidents and significant events. Significant event analysis is used by practices to reflect on individual cases and where necessary, make changes to improve the quality and safety of care. We looked at examples of how the procedure was used to report incidents and significant events relating to clinical practice and other issues. From our conversations with staff and our review of meeting minutes we found that incidents and events were discussed at fortnightly practice meetings. This included discussion on how the incidents could be learned from and any action necessary to reduce the risk of recurrence. We saw that the practice maintained a log of all incidents and events which included a record of the learning points, the action taken to prevent recurrence and the reviewed effectiveness of that action.

Safety alerts were reviewed by and distributed to the relevant staff by the practice manager. The staff we spoke with displayed an awareness of how safety alerts were communicated and told us they were receiving those relevant to their roles. They were able to give examples of recent alerts relevant to the care they were responsible for.

Reliable safety systems and processes including safeguarding

There were systems in place for staff to identify and respond to potential concerns around the safeguarding of vulnerable adults and children using the practice. We saw the practice had a safeguarding policy and protocol in place and one of the GP partners was the nominated lead for safeguarding issues. The staff we spoke with demonstrated a clear knowledge and understanding of their own responsibilities, the role of the lead and the safeguarding processes in place. From our conversations with them and our review of training documentation, we saw that all staff received the highest level of safeguarding and child protection training regardless of their roles.

We spoke with staff about the details of some recent safeguarding concerns raised at the practice. Their responses demonstrated that they followed agreed policies and protocols. All the relevant agencies were informed and involved. Identifying symbols were used on the patients' notes to inform staff they were considered to be at risk. All safeguarding issues were discussed at a dedicated monthly meeting involving a multi-disciplinary team including external healthcare professionals.

From our conversations with staff and our review of training documentation we found that reception staff at the practice were trained to be a chaperone (a chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure). Reception staff would act as a chaperone if nursing staff were not available. The staff in those teams we spoke with understood their responsibilities when acting as chaperones and a practice policy was in place to guide them in that role. We saw that all the GP partners, trainee GPs and nursing staff had received a criminal records check. Following a decision made by the practice earlier in 2015, all new clinical and non-clinical staff employed from April 2015 were receiving the checks.

However, non-clinical staff employed before April 2015, including the reception staff trained as a chaperone had not received criminal records checks. Senior staff confirmed that a risk assessment on why those staff did not require a criminal records check despite acting as chaperones had not been completed.

Medicines management

Are services safe?

We checked medicines stored in the treatment rooms and medicine refrigerators and found they were stored securely and were only accessible to authorised staff. There was a policy for ensuring that medicines were kept at the required temperatures, which described the action to take in the event of a potential failure. Records showed fridge temperature checks were carried out which ensured medication was stored at the appropriate temperature.

Processes were in place to check medicines were within their expiry dates and suitable for use. All the medicines we checked were within their expiry dates. Expired and unwanted medicines were disposed of in line with waste regulations.

All prescriptions were reviewed and signed by a GP before they were given to the patient. Processes were in place and followed to ensure hand written and computer generated prescription forms were tracked and kept securely at all times.

No controlled drugs were kept at the practice. The practice had clear systems in place to monitor the prescribing of controlled drugs. Staff were aware of how to raise concerns around these medicines with the controlled drugs accountable officer in their area.

We saw a positive culture in the practice for reporting and learning from medicines incidents and errors. Incidents were logged and reviewed promptly. This helped make sure appropriate actions were taken to minimise the chance of similar errors occurring again.

Cleanliness and infection control

We saw that the practice appeared clean. We saw there were cleaning schedules in place and the cleaning records we looked at demonstrated these were adhered to. Hand wash facilities, including hand sanitiser were available throughout the practice. There were appropriate processes in place for the management of sharps (needles) and clinical waste.

The practice had a comprehensive policy on infection control issues. From our conversations with staff and our review of documentation we found that staff received infection control training. All the staff we spoke with were knowledgeable about infection control processes at the

practice. The practice had two nominated leads for infection control issues. The leads were clear on their additional responsibilities and staff were clear on who the leads were.

A documented audit of cleanliness and infection control issues at the practice was completed in May 2015. We saw that where actions were required these were completed and recorded. Infection control processes were well adhered to at the practice.

A Legionella risk assessment (Legionella is a bacteria that may cause Legionnaire's disease) completed at the practice in March 2014 identified some risks including water temperatures being outside the acceptable range and a cold water tank that was beyond repair. We saw the practice had responded by completing all the necessary actions and maintained records to demonstrate this.

Equipment

Staff we spoke with told us they had equipment to enable them to carry out diagnostic examinations, assessments and treatments. We saw documentary evidence of the annual calibration of medical equipment to ensure the accuracy of measurements and readings taken. All of the equipment we saw during our inspection appeared fit for purpose. All portable electrical equipment was routinely tested and the relevant report was available to demonstrate this.

Staffing and recruitment

The staff we spoke with understood what they were qualified to do and this was reflected in how the practice had arranged its services. The practice had calculated minimum staffing levels and skills mix to ensure the service could operate safely. The staffing levels we saw on the day of our inspection met the practice's minimum requirement and there was evidence to demonstrate the requirement was regularly achieved.

We looked at five staff records. They contained evidence that the appropriate recruitment checks such as previous working references and photographic identification were undertaken prior to employment. All the checks were completed in line with the practice's own recruitment policy.

All clinical staff at the practice and any staff employed after April 2015 had received a criminal records check. Non-clinical staff at the practice employed before April

Are services safe?

2015 including the reception staff trained as a chaperone had not received criminal records checks. A risk assessment to determine why this was not necessary had not been completed.

Monitoring safety and responding to risk

There were systems, processes and policies in place to manage and monitor risks to patients, staff and visitors to the practice. These included dealing with emergencies, medicines management, infection control, medical equipment and the health and safety (including fire safety) of the environment, staff and patients.

The staff we spoke with demonstrated a good understanding of their roles and responsibilities towards health and safety, fire safety and dealing with emergencies among other things. Our review of documentation showed these issues were part of the induction process and essential training requirement for all staff and that appropriate policies and risk assessments were available. Action was taken on all risk recommendations made by external contractors and safety services.

The fortnightly practice meeting was used for senior staff to review and take action on all reported risks, incidents and

events. Details of any discussions and decisions made in those meetings were made available to all staff through a range of team conversation with senior staff, update emails and other staff meetings.

Arrangements to deal with emergencies and major incidents

The practice had procedures in place to respond to emergencies and reduce the risk to patients' safety from such incidents. We saw that the practice had a continuity planning and disaster recovery policy in place. This covered the emergency measures the practice would take to respond to any loss of premises, records and utilities among other things. The relevant staff we spoke with understood their roles in relation to the contingency plan.

There was documentary evidence to demonstrate most staff at the practice had completed cardiopulmonary resuscitation (CPR) training. However, four non-clinical staff were yet to complete this. The practice provided emergency medical equipment that was easily accessible to staff. We looked at the emergency medical equipment and drugs available at the practice including oxygen and a defibrillator. All of the equipment and emergency drugs were within their expiry dates. Documented checks on the equipment were available and completed regularly.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice reviewed, discussed and acted upon best practice guidelines and information to improve the patient experience. A system was in place for National Institute for Health and Care Excellence (NICE) guidelines to be distributed and reviewed by clinical staff.

Staff demonstrated how they carried out comprehensive assessments which covered all health needs and was in line with these national and local guidelines. They explained how care was planned to meet identified needs and how patients were reviewed at required intervals to ensure their treatment remained effective. For example, patients with diabetes were having regular health checks and were being referred to other services when required.

A coding system was used to ensure the relevant patients were identified for and allocated to a chronic disease register and the system was subject to checks for accuracy. Once allocated, each patient was able to receive the appropriate management, medication and review for their condition.

The GPs told us they led in specialist clinical areas such as dermatology, cancer and mental health which allowed the practice to focus on specific conditions. Clinical staff we spoke with were open about asking for and providing colleagues with advice and support.

Management, monitoring and improving outcomes for people

The practice had a system in place for completing clinical audit. Clinical audit is a way of identifying if healthcare is provided in line with recommended standards, if it is effective and where improvements could be made. Examples of full cycle clinical audits included those on the age appropriate dosage of an antidepressant medicine and the appropriate administration of a medicine used to manage chronic obstructive pulmonary disease. We found the data collected from both audits had been analysed and clinically discussed and the practice approach was reviewed and modified as a result. Other full cycle clinical audits were available, including those related to the requirements of individual GPs' appraisal and revalidation.

The team was making use of clinical audit, clinical supervision and staff meetings to assess the performance

of clinical staff. The staff we spoke with discussed how they reflected on the outcomes being achieved and areas where this could be improved. Staff spoke positively about the culture in the practice around quality improvement, noting that there was an expectation that all clinical staff should undertake at least one audit a year.

The practice participated in recognised clinical quality and effectiveness schemes such as the national Quality and Outcomes Framework (QOF). QOF is a national data management tool generated from patients' records that provides performance information about primary medical services.

The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. This practice was not an outlier for any QOF (or other national) clinical targets. It achieved 98.3% of the total QOF target in 2014, which was above the national average of 94.2%. The performance for diabetes, hypertension and mental health related indicators was similar to the national average.

Effective staffing

From speaking with staff and our review of documentation we found that staff received an appropriate induction when joining the service. Where applicable, the professional registrations of staff at the practice were up-to-date. All the GPs had been revalidated or had a date for revalidation and as part of this process, the relevant professional bodies check the fitness to practise of each individual.

We saw that a system of essential training (training that each staff member is required to complete in accordance with the practice's own requirements) was in place for staff. Our review of training records showed that most staff had completed most of the training within the required timescales. Safeguarding training was particularly well adhered to by staff.

Practice nurses and healthcare assistants had job descriptions outlining their roles and responsibilities and provided evidence that they were trained appropriately to fulfil these duties. For example, all the nurses were up-to-date with cervical cytology training.

From our conversations with staff and our review of documentation we saw that most staff had received an appraisal of their performance and competencies in the past year. Dates were scheduled for the remaining staff. We

Are services effective?

(for example, treatment is effective)

looked at some examples and saw that there was an opportunity for staff to discuss any learning needs. The staff we spoke with told us the practice was proactive in organising the required training to meet those needs.

Working with colleagues and other services

The practice worked with other service providers to meet patients' needs and manage complex cases. We saw that a system was in place for such things as patient blood and radiology results and pathology reports to be received electronically. These processes allowed for patients requiring follow up to be identified and contacted. A system was in place to ensure that in any GP's absence, the results were still reviewed and processed. All the staff we spoke with understood how the system was used and we saw this was working well.

The practice held multi-disciplinary team meetings to discuss the needs of complex patients. This included those with end of life care needs. The weekly proactive care meetings were attended by one GP partner (in rotation) and district and Macmillan nurses to discuss palliative care (end of life) and other high level care patients. We saw that the issues discussed and actions agreed for each patient were recorded.

Information sharing

The practice used several processes and electronic systems to communicate with other providers. For example, there was a system in place with the local out of hours provider to enable patient data to be shared in a secure and timely manner. An electronic system was also in place for making referrals through the Choose and Book system. The Choose and Book system enables patients to choose which hospital they will be seen in and to book their own outpatient appointments in discussion with their chosen hospital.

The practice had systems in place to provide staff with the information they needed. An electronic patient record system was used by all staff to coordinate, document and manage patients' care. All staff were fully trained on the system. This software enabled scanned paper communications, such as those from hospital, to be saved in the system for future reference.

Consent to care and treatment

Our review of training records showed that all clinical staff at the practice had completed training in the Mental

Capacity Act (2005). The clinical staff we spoke with demonstrated an understanding of the MCA and its implications for patients at the practice. From our conversations with them we found that patients' capacity to consent was assessed in line with the Mental Capacity Act (2005). When interviewed, clinical staff gave examples of how a patient's best interests were taken into account if a patient did not have capacity. Clinical staff were also aware and demonstrated a good understanding of the Gillick competency test (a process to assess whether children under 16 years old are able to consent to their medical treatment, without the need for parental permission or knowledge).

There was a practice process for documenting consent for specific interventions. The clinical staff we spoke with were clear on the process and when documented consent was required. We saw examples of documented patient consent for recent patient procedures completed at the practice.

Health promotion and prevention

We saw that all new patients at the practice were offered a health check. This included a review of their weight, blood pressure, smoking and alcohol consumption. Routine health checks were also available for all patients between 40 and 74 years old. At the time of our inspection, for the 2014/2015 year, the practice had invited 1,057 of the 1,562 eligible patients for their health check and 367 had accepted and received the check.

We saw that the practice operated patient registers and nurse led clinics for a range of long term conditions (chronic diseases). There were nurse leads for patients with asthma, epilepsy, diabetes and chronic obstructive pulmonary disease (COPD) among others.

The practice maintained a register of all patients with learning disabilities. Of the 97 patients on the register, 95 had received a health check review in the 2014/2015 year. Of the 101 eligible patients on the dementia register in the year ending 31 March 2015, 63 had received their annual review.

We found that the practice offered a number of services designed to promote patients' health and wellbeing and prevent the onset of illness. We saw various health related information was available for patients in the waiting area and throughout the practice.

Are services effective?

(for example, treatment is effective)

The practice had participated in targeted vaccination programmes for older people and those with long term conditions. These included the shingles vaccine for those aged 70 to 79, and the flu vaccine for people with long term conditions and those over 65. The practice had 1,341 patients aged over 65. Of those, 1,302 (97%) had received the flu vaccine in the 2014/2015 year.

All nurses at the practice were trained to provide and carry out cervical cytology. They had all completed their update training. A system of alerts and recalls was in place to provide cervical screening to women aged 25 years and older. At the time of our inspection there was a 97% take up rate for this programme over the past five years (1,949 of 2,010 eligible patients).

Are services caring?

Our findings

Respect, dignity, compassion and empathy

During our inspection we saw that staff behaviours were respectful and professional. We saw examples of reception staff being helpful and courteous to patients attending the practice. We saw the clinical staff interacting with patients in the waiting area and outside clinical and consulting rooms in a friendly and caring manner. All staff spoke quietly with patients to protect their confidentiality as much as possible in public areas. The results of the practice's own patient survey completed in December 2014 showed that of the 265 respondents, 96.2% felt the reception staff were fairly to very helpful.

We spoke with 10 patients on the day of our inspection, all of whom were very positive about staff behaviours and the excellent clinical care they felt they received. They said they felt treated with dignity and respect by staff at all times. A total of 47 patients completed CQC comment cards to provide us with feedback on the practice. All of the responses received about staff behaviours were positive. They said staff were caring, polite, helpful and wonderful and treated them with dignity and respect.

Staff and patients told us that all consultations and treatments were carried out in the privacy of a consulting room. Curtains were provided in consulting rooms and treatment rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We found that doors were closed during consultations and that conversations taking place in those rooms could not be overheard. We saw that patient phone calls to the practice were answered in a dedicated room separate from the main reception desk. The details of those calls could not be overheard by patients at the reception desk.

Care planning and involvement in decisions about care and treatment

The practice had made suitable arrangements to ensure that patients were involved in, and able to participate in decisions about their care. The 10 patients we spoke with said they felt listened to and had a communicative relationship with the GPs and nurses. They said their questions were answered by the clinical staff and any concerns they had were discussed. We also read comments

left for us by 47 patients. Of those who commented on how involved they felt in their care and the explanations they received about their care, all of the responses were very positive.

The results of the national GP survey for 2015 showed that 73.4% of the 115 respondents felt the GPs at the practice were good at involving them in decisions about their care. The national average was 81.5%. The GPs were considered to be good at listening by 86.8% of patients who responded. This was slightly below the national average of 88.6%. The results of the practice's own patient survey completed in December 2014 showed that of the 265 respondents, 96.6% felt the GPs were fairly to very good at listening to patients.

Patient/carer support to cope emotionally with care and treatment

The results of the national GP survey for 2015 showed that 79.7% of the 115 respondents felt the GPs at the practice displayed care and concern towards them. The national average was 85.1%. The results of the practice's own patient survey completed in December 2014 showed that of the 265 respondents, 86.7% felt GPs at the practice were fairly to very good at demonstrating care and concern to patients. The feedback we received during our conversations with 10 patients and review of the comments left for us by 47 patients was very positive about the care and concern shown by clinical staff at the practice.

All patients receiving palliative care were discussed at weekly multi-disciplinary team meetings. We saw that the practice maintained an up-to-date record of all recent patient deaths. These were also discussed at the fortnightly practice meeting. From speaking with staff, we found that the GPs made contact with the family of each deceased patient offering an invitation to approach the practice for support. A condolence card was also sent by the practice manager. The senior staff we spoke with knew of the availability of a local counselling service (including bereavement counselling) and the practice referred patients requiring such support to them. A mental health trust well-being worker was based at the practice twice each week. A counsellor was also based at the practice on a Tuesday morning. Patients could access these to obtain counselling and advice through referral from the GPs and nurses.

Are services caring?

Patients in a carer role were identified where possible. The practice maintained a register of 153 patients who identified as carers. This information was mainly sourced from patients upon registering with the practice or during their consultations with the GPs. The practice reviewed the register annually to ensure it was up-to-date. Staff told us

those patients on the register had access to home visits including vaccinations at home if required. We saw information aimed at carers provided on the practice's website and displayed in the waiting area. This gave details of the local support available among other things.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

We found the practice was responsive to patients' needs and had systems in place to maintain the level of service provided. The needs of the practice population were understood and systems were in place to address identified needs.

The practice provided an enhanced service in an effort to reduce the unplanned hospital admissions for vulnerable and at risk patients including those aged 75 years and older. As part of this, each relevant patient received a care plan based on their specific needs, a named GP and an annual review. At the time of our inspection, 205 patients (2% of the practice's patient population over 18) were receiving such care. There was also a palliative care register of 13 patients and the practice held regular multi-disciplinary meetings to discuss those patients' care and support needs.

We saw that patients with diabetes received an annual health review at the practice. All newly diagnosed patients with diabetes were referred to the DESMOND service (a specialist service that helps to meet the needs of newly diagnosed patients with diabetes) and for diabetic eye screening.

At the time of our inspection 101 patients were on the practice's register of patients with dementia. Those patients received a care plan specific to their needs and a named GP. The practice also maintained a register of patients with learning disabilities and provided annual health reviews to those patients. The practice had produced a pictorial 'what happens at your health check' guide. This was sent to all patients with learning disabilities to encourage attendance at their reviews.

The practice had a virtual patient participation group (vPPG). The vPPG is an online group of patients who work with the practice to discuss and develop the services provided. From our conversations with a vPPG member and our review of the group's 2014/2015 annual report, it was clear the group was very engaged with the practice.

Tackling inequity and promoting equality

We found that the practice had an equality and diversity policy in place. We saw the premises and services were adapted to meet the needs of people with disabilities. All of

the clinical services were provided on the ground and lower ground floors and the practice had step free access to the main and lower ground floor entrances. A lift was provided to all floors. We found that both the main and lower ground reception and waiting areas were accessible enough to accommodate patients with wheelchairs and prams and allowed for manageable access to the treatment and consultation rooms. Accessible toilet facilities were available for all patients and these included baby changing areas.

There were male and female GPs in the practice and patients could choose to see a male or female doctor. An external translation service was available to the practice. The translation service was provided on a face-to-face basis as opposed to by telephone. A signing interpreter was also available and hearing loops were provided at both reception areas for those patients who may need it.

Access to the service

On the day of our inspection we checked the appointments system. The next routine bookable appointment to see one of the GPs was in six days. Pre-bookable appointments with a trainee GP were available the next working day. We saw that the appointments system was structured to ensure that the GPs were able to complete home visits every day. The system ensured that all urgent cases were seen on the same day and each GP was able to complete telephone consultations.

The practice was open from 8am to 6.30pm Monday to Friday with the exception of 12.30pm to 1.30pm every Wednesday when the doors were closed but the phone lines remained opened. The practice used Tuesdays and Thursdays alternately to open from 8am to 8pm one day each week. The practice was open on the first Saturday of each month from 7.30am to 9.30am for pre-bookable appointments. The extended opening times provided some additional access to the practice for those who found attending in normal working hours difficult.

Information was available to patients about appointments on the practice website. This included how to book appointments through the website. Patients were able to make their repeat prescription requests at the practice or online through the practice's website. There were also

Are services responsive to people's needs?

(for example, to feedback?)

arrangements in place to ensure patients received urgent medical assistance when the practice was closed. Information on how to access the out of hours (OOH) service was provided to patients.

We saw there was a standard process in place for the practice to receive notifications of patient contact and care from the out of hours provider. We saw evidence that the practice reviewed the notifications and took action to contact the patients concerned and provide further care where necessary.

During our inspection, we spoke with 10 patients and read the comments left for us by 47 patients. Of those who commented on the appointments system and access to the practice all of the responses were positive. Patients told us that appointments were available and access to the practice was reasonable.

Results from the national GP patient survey in 2015 showed that 50.8% of patients felt they didn't have to wait too long to be seen at the practice. This was below average when compared to the rest of England (57.8%). Of the 115 respondents, 79.5% felt their experience of making an appointment was good. This was above average when compared to the rest of England (73.8%). When asked about getting through to the practice on the phone, 88.6% of respondents found this to be an easy experience. This was considerably above average when compared to the rest of England (74.4%).

The results of the practice's own patient survey completed in December 2014 showed that of the 265 respondents,

81.5% found it fairly to very easy to get the appointment they needed and the same amount felt their overall experience of making an appointment was fairly to very good.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. During our inspection we saw there was a complaints policy and procedure available and there was a designated responsible person who handled all complaints in the practice. The fortnightly practice meeting was used for senior staff to discuss and take action on all reported complaints.

We saw that information was available to help patients understand the complaints system. A leaflet containing information on how to complain was available from reception. An overview of the practice's complaints procedure was also available online. All of the staff we spoke with were aware of the process for dealing with complaints at the practice. During our inspection we spoke with 10 patients, none of whom had ever needed to make a complaint about the practice.

We looked at the practice's records of complaints from 2014/2015. We saw examples of when the complainants were contacted to discuss the issues raised. As a result, the practice had agreed actions to resolve the complaints to their satisfaction. We saw that where necessary, actions were taken and the complainants formally responded to in writing in accordance with the practice's own procedure. The action and learning points for all the complaints received by the practice were documented.

Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Our findings

Vision and strategy

The staff we spoke with told us of their overarching principle to deliver patient centred and best achievable care. The main strategy of the practice over the past year was to create a partnership with another local healthcare provider to offer a more cost effective service. The partnership was agreed in July 2015. The strategy for the year ahead was to gradually merge the administrative and financial functions of both providers leading to a full merger in 2016. We saw the practice had all the necessary plans in place to achieve this.

Staff told us they were involved in discussions about the practice's direction and strategy. They said this made them feel valued and supported and provided them with the opportunity to discuss relevant issues that affected them as staff and also their patients. Staff said that all staff meetings were used to involve them in discussions about the practice's partnership and merger arrangements.

The fortnightly practice meeting was used as and when required for senior staff to discuss, implement, monitor and review the strategic direction of the practice. Discussions had and decisions made at those meetings were cascaded to staff through a range of team conversation with senior staff, update emails and newsletters and other staff team meetings.

Governance arrangements

The practice had decision making processes in place. Staff at the practice were clear on the governance structure. They understood that the GP partners were the overall decision makers strongly supported by the practice manager. There was a clear protocol in place for how decisions were agreed and the meeting structure supported this. All staff contributed to practice processes and issues through a range of staff communications, working relationships and staff meetings.

The practice had a comprehensive system of policies and procedures in place to govern activity and these were available to all staff. All of the policies and procedures we looked at during our inspection were reviewed and up-to-date. However, procedures and systems in relation to staff criminal records checks were not yet fully embedded at the practice at the time of our inspection.

The practice had arrangements for identifying, recording and managing risks. The fortnightly practice meeting was used for senior staff to review and take action on all reported risks, serious incidents, events and complaints. We looked at minutes of the meetings that demonstrated this happened as and when required. Details of any discussions and decisions made in those meetings were made available to all staff through a range of team conversation with senior staff, update emails and other staff meetings.

The practice had a system in place for reporting, recording and taking action on significant events. From our conversations with staff and our review of meeting minutes we found that serious incidents and events were discussed at the fortnightly practice meeting which included discussion on how the incidents could be learned from and any action necessary to reduce the risk of recurrence. We saw that the practice maintained a log of all incidents and events which included a record of the learning points and action taken to prevent recurrence.

Leadership, openness and transparency

There was a clear leadership structure at the practice which had named members of staff in lead roles. We saw there were nominated GP leads for safeguarding, dermatology, cancer and mental health among others. There were also nurse led clinics for patients with asthma, diabetes, epilepsy and chronic obstructive pulmonary disease and nominated nurse leads for such things as infection control. The leads showed a good understanding of their roles and responsibilities and all staff knew who the relevant leads were.

Staff told us they felt valued, well supported and knew who to go to in the practice with any concerns. All the staff we spoke with said they felt fortunate to be part of a supportive and friendly team.

From our conversations with staff and our review of documentation, we saw there was a regular schedule of meetings and protected learning at the practice for individual staff groups, multi-disciplinary teams and all staff to attend. Staff told us there was an open culture within the practice and they had the opportunity to raise and discuss issues at the meetings. They said they felt their views were respected and considered.

Practice seeks and acts on feedback from its patients, the public and staff

Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

The practice had mechanisms in place to listen to the views of patients and those close to them. The practice had a virtual patient participation group (vPPG) of 129 members. The vPPG is an online community of patients who work with the practice to discuss and develop the services provided. We saw that through email communication the group was able to feedback its views on a range of practice issues. We spoke with a member of the vPPG who said the group had good and open working relationships with practice staff. They said the vPPG was treated as a valuable resource by the practice. We saw the vPPG was integral in developing the practice's last patient survey.

The practice had distributed its last patient survey in November and December 2014 and responses were received from 265 patients. The results showed the respondents thought highly of the practice with 87.1% rating their overall experience as fairly to very good. In response to the survey, the vPPG worked with the practice to develop priority areas set out in their annual report for 2014/2015. These included improving the telephone system. As a result, the practice had introduced an extra telephone line to improve patient access when making appointments and enquiring about their care.

We saw a comments and suggestions box was provided in the waiting area for patients to use. Any comments and suggestions made were reviewed by the practice manager. We saw that when patients left their contact details the practice manager provided a written response to all comments and suggestions received.

The staff we spoke with said patient feedback was discussed in their meetings and through general staff

conversations so they were clear on what patients thought about their care and treatment. They said the schedule of various practice and other staff team meetings also provided them with an opportunity to share their views on the practice.

Management lead through learning and improvement

Clinical staff told us that the practice supported them to maintain their clinical professional development through training and mentoring. Non-clinical staff also said their development was supported. We saw that protected learning time was used to provide staff with the training and development they needed to carry out their roles effectively. For clinical staff, this included access to target days for learning on set topics.

From our conversations with staff and our review of documentation we saw that staff received regular appraisals of their performance and competencies. The examples we looked at showed these were an opportunity for staff to discuss any learning needs and their professional development. The staff we spoke with told us the practice was proactive in organising the required training to meet those needs.

A system was in place for senior staff to review and act on all reported risks, incidents, events and complaints. The evidence we reviewed demonstrated that all incidents and events were discussed. This included discussion on learning from reported incidents.

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>How the regulation was not being met:</p> <p>We found that the registered person had not protected people from the risks of unsafe or inappropriate care and treatment by ensuring all the required information in respect of each person employed was available and up-to-date.</p> <p>Non-clinical staff at the practice employed before April 2015, including reception staff trained as a chaperone had not received criminal records checks and a risk assessment to determine why this was not necessary had not been completed.</p> <p>This was in breach of Regulation 19 (3) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>